

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-064790

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
P.O. BOX 68 HOBBS, NEW MEXICO 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL X 1980' FEL
(Unit B NW/4 NE/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3644.3 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal "Ac"

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Buffalo Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-19-33

12. COUNTY OR PARISH
Lea

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Propose to PAXA well as follows; MISU and load well w/ 9# brine water. POH w/ tbg and pkr. RIH w/ CIBP and SA 12,210' Displace hole w/ 283 bbl gelled 9# brine. Spot the following plugs:

Interval	Type Cmt	Sxs	Purpose
12,210 - 12,010'	Class H	25	Top of Penn
9600' - 9400'	Class H	25	Plug min every 2500'
7100' - 6900'	Class H	25	Plug min every 2500'
5125' - 4925'	Class H	25	Top of Del and across 9 3/8" csg shoe
3000' - 2800'	Class H,	25	Base Top of Castill Salt
1500' - 1300	Class H	25	Top Anhydrite

045 BLM-C, 1-JRB, 1-FJN, 1-NLG

18. I hereby certify that the foregoing is true and correct

SIGNED Michael J. Guter

TITLE Administrative Analyst

DATE 10 July 1985

(This space for Office or State office use)

APPROVED BY Michael J. Guter

TITLE

DATE 9-18-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

<u>Interval</u>	<u>Type Cmt</u>	<u>SXS</u>	<u>Purpose</u>
SSS-SSS'	Class H	25	Across 13 5/8" csg shoe
* 50'-0'	Class H	15	Surface
* Spot inside and outside 5 1/2" csg.			

Erect PXA marker and MOSU

RECEIVED
SEP 23 1985
O.C.D.
HOBBS OFFICE